

slight pains, which gave way after two bleedings; he had scarcely any fever. A slight swelling of the lips of the wound, which supervened forty-eight hours after the operation, obliged M. Lépine to loosen the sutures, which were only definitively withdrawn on the sixteenth day. The wounds were all cicatrized, and the cure was complete, on the twenty-first day. Since then (1825) unto the present time, the patient has remained perfectly well.

This interesting case not only bears directly on the mechanism of vomiting, but presents several remarkable features, to which we beg to draw the attention of the Academy:—1. The escape of the stomach from a wound of the abdomen is very rare. 2. The difficulty experienced in reducing the organ being attributable to its extreme distension by gases, was not puncture with a small trocar indicated? 3. The success of the quilled suture proves the groundlessness of the fears entertained by some surgeons, and more especially by the illustrious Larrey, with reference to the use of this suture in wounds of the abdomen. 4. The non-appearance, subsequently, of hernia, although the patient had never worn a bandage, is calculated to inspire doubts as to the danger of hernia, which, according to some surgeons, is much to be feared after wounds dividing the entire thickness of the abdominal parieties.

M. Lépine judiciously remarks that a more favourable opportunity of appreciating the part which the stomach performs in vomiting could not present itself. The stomach, filled with aliments recently ingested, escapes from the cavity of the abdomen, and the want to vomit manifests itself spontaneously. The phenomena observed by M. Lépine confirm the result of the experiments made by MM. Beclard and Magendie. During all the period that the stomach remained out of the abdominal cavity there was no apparent contraction of the muscular fibres of the organ, and none of its contents were expelled, although the patient made violent efforts to vomit. As soon, however, as the stomach had been returned into the abdomen, the same efforts were followed by the expulsion of its contents. This fact, as M. Lépine observes, shows that if the stomach be not entirely passive during the act of vomiting, at all events, the most important part is performed by the diaphragm and the abdominal muscles.

M. Lépine was also able to observe a phenomenon noticed by M. Magendie in his experiments on animals, and which he supposed likewise to exist in man. It seems that while vomiting, animals swallow a considerable quantity of air. Speaking of the enormous dilatation of the stomach by gases, M. Lépine remarks:—I can only explain this distension by the air which the patient appeared to swallow after each effort of vomiting; I then observed him to perform repeatedly the act of deglutition, each deglutition being accompanied by a noise which seemed to be created by the pushing back of air.

34. Ununited Fracture of the Humerus—Excision of the fractured extremities—Cure. By Sir JOHN FIFE.—A sailor, 37 years of age, of intemperate habits, fell into the hold of a ship and fractured his humerus. The fracture was oblique, extending from a little below the insertion of the deltoid to within an inch of the head of the bone. It was bandaged in the usual manner, and after the lapse of a month, the arm being weak, the patient being dissatisfied, applied to a quack, who twisted it so that the new union gave way, and the bone continued ununited. Seven months after the accident he was admitted into the Newcastle-upon-Tyne infirmary. Sir John Fife exposed the ends of the bone by an incision, and removed the cartilaginous and rounded surfaces by the cutting forceps. The bones were then reduced, the usual dressings applied, and at the end of five or six weeks the bone was united.—*Prov. Med. Journ.*, Dec. 16, 1843.

35. Trismus following the extraction of a Tooth. By T. PUREFOY, M. D.—A man having suffered much from toothache, had the last molar tooth upon the right side extracted from the under jaw on the morning of the 5th of August last, and suffered considerably during the operation, in consequence of the tooth being large and firm in the socket, so that it was necessary to loosen the gum

with a lancet before the tooth could be removed. He did not feel any ill effect from the operation during an interval of four or five hours; he then felt quite overcome, became sick, lay upon his bed, and immediately gave notice that his jaw was locked.

At eleven o'clock on the night of the 5th inst., Dr. P. found the man lying upon his back in bed, his face being somewhat swollen, particularly upon the right side, but pale; the expression of countenance variable, occasionally anxious and excited, and again depressed and heavy; there was considerable restlessness, and frequent spasmodic twitchings of the muscles of the face. An attempt to introduce a little water between the clenched teeth, from the point of a spoon, brought on the most distressing convulsive efforts to swallow, which threatened to produce suffocation. The patient did not swallow the saliva, and suffered much in his efforts to discharge it occasionally from his mouth, when turned upon his face. Intellect was perfect, and he intimated by signs that the right side of his face was the chief seat of pain. There was very remarkable arterial excitement; pulse above 100, full and resisting, the spasmodic action being limited to the muscles of the neck and face.

He was immediately bled to nearly eighteen ounces, when the general excitement was relieved, and the pulse became smaller and softer. The bowels were freely acted on by large enemata, containing sp. terebinthinæ, in the proportion of half an ounce to each enema. Then a warm bath was tried, and the spine diligently rubbed with a brush during its employment, and subsequently, when the patient was in bed, pledgets of lint, wet with warm laudanum, were laid along the spine, at the same time that opiate enemata, containing fifty drops of laudanum each, were directed to be given every third hour, (whilst the effects of the medicine upon the system should decide how long they were to be continued,) and eight leeches to be applied over the angle of the lower jaw upon the right side.

At five o'clock on the morning of the 6th inst., the general symptoms appeared to be relieved, but there was no power to open the mouth or to swallow.

At eleven o'clock, A. M., all the symptoms became worse. The patient was now cupped upon the back of the neck, and whilst the blood was flowing, he made signs to get a drink, which he attempted to swallow, and by the time that eight or ten ounces of blood had been removed, he succeeded in swallowing a few spoonfuls of water. Just then, Dr. P. met Dr. Waters in consultation upon the case, when they agreed to use tobacco in the way of enemata and stupes, together with calomel and opium, to affect the system.

On the following day, the tobacco was omitted, and the mercury, when its constitutional effects appeared. From this period the amendment was progressive, but slow, as the severe effects of the illness were not recovered from for some weeks.—*Dublin Medical Press*, Sept. 13, 1843.

36. *Exirpation of an Ovarian Cyst.* The following report of a case of extirpation of an ovarian cyst, communicated to the Royal Medical and Chirurgical Society by BRANSBY B. COOPER, Esq., with the discussion to which it gave rise, will be read with great interest.

Mr. Cooper's patient was 32 years of age, and married for four years, without having had children. She had suffered at different periods from dysmenorrhœa and leucorrhœa. Two years before her admission, her abdomen became greatly enlarged, and having consulted the author, he considered the case to be one of ovarian tumour, and proposed to draw off the fluid from the cyst, and remove the cyst by a small opening into the abdomen. But the plan was not carried into effect. She was afterwards tapped on two different occasions, when about three gallons of straw-coloured fluid were discharged each time. When she applied at the hospital, earnestly soliciting to have the operation of removing the tumour performed, her abdomen measured about three feet and a half in circumference. Mr. Cooper resolved to perform the major operation: an incision was therefore made through the abdominal parietes from the ensiform cartilage to the pubes. A few adhesions to the tumour were met with near the point where the trocar